

My name is John Zarrella. I am a member and representative of the Association of Connecticut Ambulance Providers and the Assistant Director of Aetna Ambulance Service of Hartford, and the Ambulance Service of Manchester, CT., I appreciate the opportunity to speak with you today.

I have worked with Volunteer, paid, Police, Fire and EMS systems since 1975. Throughout these years I have managed in many capacities including Volunteer Fire and Ambulance Chief, commercial EMS director of operations and a Selectman in two Connecticut towns.

Connecticut has a first rate EMS system which has evolved delivering impressive patient care enhancements, average response times and rates that are fair.

Since the consolidation of commercial ambulance providers during the mid 1990's a natural regional plan has evolved creating five large commercial systems which represent a combined 400,000 responses annually, Commercial providers over the past 40 years have helped develop regional EMS programs that are far reaching throughout the State of Connecticut including mutual aid response and paramedic intercept programs.

Ambulance maximum rates are set by the Office of Emergency Medical Services (OEMS). Medicare and Medicaid represent over 70% of all emergency calls and both have reduced reimbursement rates by more than 6% since 2009, the cost for Connecticut patients and insurers is about 150% of Medicare allowable rates while in Massachusetts it is between 300% and 500% of Medicare allowable rates.

What I have learned over this time is that no individual town or system can work in isolation, communities that staff one or two ambulances will always have a need for a third and fourth ambulance within a few minutes of each other, this is a system overload and when this occurs mutual aid ambulances are summoned to help, in many instances these ambulances are responding from commercial ambulance providers.

ACAP supports recommendations one, two, three, and four of the Emergency Medical Services Task Force report. These recommendations are constructive and enhance the roles of the Department of Public Health, the municipalities, and the EMS providers.

In closing, I support the bill without amendments and believe the current bill will improve patient care and increase communications between municipalities and providers.

Respectfully submitted,

John Zarrella